



Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

IL-1a

810609

IL #309

ILS-000-001-060

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name WASTE MANAGEMENT OF WISCONSIN, INC.

Street 3333 N. Mayfair Rd. - Suite 306

City Milwaukee

State WI

Zip Code 53222

B Site Location:

Enter the common name (if known) and actual location of the site.

INTERIM STATUS FACILITY

ILDO10284248

Name of Site C.I.D. LANDFILL *

Street 138th & Calumet Expressway

City Calumet City

County Cook

State IL

Zip Code 60409

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Diver, Jeffrey - Envir. Counsel

Phone 312/654-8800

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year)

1968

To (Year)

PRESENT

1981

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☒ Inorganics
3. ☒ Solvents
4. ☒ Pesticides
5. ☒ Heavy metals
6. ☒ Acids
7. ☒ Bases
8. ☐ PCBs
9. ☒ Mixed Municipal Waste
10. ☒ Unknown
11. ☐ Other (Specify)

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☒ Construction
3. ☒ Textiles
4. ☒ Fertilizer
5. ☒ Paper/Printing
6. ☒ Leather Tanning
7. ☒ Iron/Steel Foundry
8. ☒ Chemical, General
9. ☒ Plating/Polishing
10. ☐ Military/Ammunition
11. ☒ Electrical Conductors
12. ☐ Transformers
13. ☒ Utility Companies
14. ☒ Sanitary/Refuse
15. ☒ Photofinish
16. ☒ Lab/Hospital
17. ☒ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000251 JUN-981

*aka CHEMICAL WASTE MANAGEMENT OF ILLINOIS
aka CALUMET INDUSTRIAL DISPOSAL

JUN 12 1981



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Side Two

F Waste Quantity: Place an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.	Facility Type 1. <input type="checkbox"/> Piles 2. <input checked="" type="checkbox"/> Land Treatment 3. <input checked="" type="checkbox"/> Landfill 4. <input type="checkbox"/> Tanks 5. <input checked="" type="checkbox"/> Impoundment 6. <input type="checkbox"/> Underground Injection 7. <input type="checkbox"/> Drums, Above Ground 8. <input checked="" type="checkbox"/> Drums, Below Ground 9. <input checked="" type="checkbox"/> Other (Specify) <u>TREATMENT (NEUTRALIZATION/FIXATION)</u>	Total Facility Waste Amount cubic feet _____ gallons <u>30,000,000</u> G Total Facility Area square feet _____ acres <u>107</u> A
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G Known, Suspected or Likely Releases to the Environment:
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

THIS REPORT IS INTENDED TO COVER INACTIVE DISPOSAL AREAS AT OR CONTIGUOUS TO THIS INTERIM STATUS FACILITY.

Environmental Counsel has prepared this form, based upon composite information provided in written and oral responses from employees of the reporting company,

much of which may have been founded in hearsay, rumor, speculation and imperfect recollection of past events. No admission or representation is therefore made that any of the wastes handled by this company, or generically reported on this form, would actually meet a listed description or characteristic of "hazardous waste" at 50 CFR, Part 261. Where a "facility waste amount" is indicated, it is, in most cases, a very crude estimation of "potentially hazardous waste," as in most cases, no records of waste types or quantities were available. If the reporting company is a "transporter," no representation is made that the company selected the reported site, nor that all of the waste types indicated were actually transported by the reporting company.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name W. Brand Bobosky, Asst. Secretary

Street 900 Jorie Boulevard

City Oak Brook State IL Zip Code 60521

Signature Voluntary

Date _____

- ☐ Owner, Present
☐ Owner, Past
☒ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other